



## CREDENTIALING APPLICATION

**Information we will need you to email ([customerservice@rilluniqueenterprises.com](mailto:customerservice@rilluniqueenterprises.com))  
or fax back to (720) 836-3363**

1. Your CAQH provider number (if you've already signed onto the site, we need the username & password)

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2. Basic Personal Information

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Home address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Email address \_\_\_\_\_

SS# \_\_\_\_\_ Tax ID# \_\_\_\_\_ - \_\_\_\_\_

3. Languages Spoken \_\_\_\_\_

4. Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

5. Professional License # \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

6. NPI # Individual \_\_\_\_\_ Group \_\_\_\_\_

7. DEA # if applicable (Please provide copy) \_\_\_\_\_

8. Education and Training (attach a copy of your resume for #8 - #10 & #17)

Medical /Professional school (including address, phone number, start and graduation date and Degree obtained) – *attach a separate sheet if necessary*

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Graduate school (including address, phone number, start and graduation date and Degree obtained)

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Internships and residencies (including address, phone number, start and stop date and Program Director)

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Fellowships and preceptorships (including address, phone number, Program Director)

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9. Teaching appointments

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10. Specialties and Association/Prof. Org. Cert. (including beginning date and expiration date if applicable)

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11. Practice Location Information

Practice name and type \_\_\_\_\_

Website & Email Address \_\_\_\_\_

\_\_\_\_\_ County Location: \_\_\_\_\_

Address and contact info (please provide both mailing and physical address. May need a copy of your lease agree.)

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12. Billing, office manager and credentialing contact (include name, phone number, email address and fax)

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13. Services, certifications, limitations and hours of operation for each day

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14. Partners and covering colleagues'

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15. Hospital Affiliation Information (including address, phone, and percentage of patients you see from Hospital)

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16. Malpractice Insurance Information (**Please provide copy of face sheet**)

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17. Work History and References (3 professional references with address, phone and degree required)

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Any negative's against you, and/or Malpractice History (license ever suspended, revoked, etc) list on separate sheet.

**Payment/Credit Card Information**

☐ Cash      ☐ Check      ☐ Charge

Name on Card: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Card#: \_\_\_\_\_ Security code\* \_\_\_\_\_ MC \_\_\_\_ VISA \_\_\_\_ Amex \_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The charge for processing your credentialing application is \$750 without an office setup, \$700 with office setup if the application is returned within 15 days; \$825 without office set up and \$775 with office setup if the application is returned within 30 days; and \$875 without office set up and \$825 with office setup if the application is returned 45 days or longer.** Pricing is for the first eight (8) carriers only. Each additional carrier is \$95 each. You will be charged after submitting this application and/or the request to obtain an NPI (if necessary). Obtaining a CAQH provider ID#, if necessary, will be taken care of once the processing fee is completed. Credentialing with each individual insurance carrier may take up to twelve (12) weeks (or longer) each. Credentialing with Medicare and Medicaid may take from 12 to 16 weeks (or longer), depending on the information requested. We will process your information as soon as this form has been received, payment is processed and all information is complete. THERE IS NO GUARANTEE OF CONTRACTING WITH ANY INSURANCE CARRIER INCLUDING MEDICARE AND MEDICAID.



\* The security code is the 3 digit code on the back of the card by the signature panel.